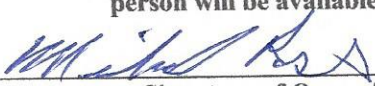



NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project # <u>ICA22-09</u>		Postmark	Date Received		Notification # <u>1</u>		
<b>I. Type of Notification</b> (check one): <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revised <input type="checkbox"/> Canceled							
<b>II. Facility Description</b> (include building name, number, and floor or room number) Building Name: Square Deal Store Address: 215 Main Street City: Grand View County: Owyhee State: Idaho Zip Code: 83624 Site Location (specific): Building Size (square feet): 8000 # of Floors: 2 Age in Years: 80 Present Use: none Prior Use: store							
<b>III. Type of Operation</b> (check one) <input checked="" type="checkbox"/> Demo <input checked="" type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emergency Renovation <input type="checkbox"/> Fire Training <u>CLEAN UP PER EPA JOHN PAVITT</u>							
<b>IV. Is Asbestos Present?</b> (check one): <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<b>V. Facility Information</b> <b>Owner Name:</b> Schkade Holdings LLC Address: PO Box 555 City: Grand View State: Idaho Zip Code: 83624 Contact: Jens Schkade Telephone: (b) (6) Fax: <b>Removal Contractor Name:</b> Schkade Ranch LLC Address: PO Box 114 City: Grand View State: Idaho Zip Code: 83624 Contact: Jens Schkade Telephone: (b) (6) Fax: <b>Other Operator (demolition/general):</b> Address: City: State: Zip Code: Contact: Telephone: Fax:							
<b>VI. Procedure, including analytical methods, employed to detect the presence of and to estimate the quantity of RACM and Category I and Category II non-friable ACM:</b> Bulk Sampling / PLM Analysis							
<b>VII. Approximate Amount of Asbestos Materials:</b>							
	RACM to be Removed	Non-friable Asbestos Material to be Removed		Non-friable Asbestos Material NOT to be Removed			
		Category I	Category II	Category I	Category II		
Pipes (linear feet)							
Surface Area (square feet) <u>38,000</u>	<u>TILE/MASTIC</u>						
Facility Components ( <u>cubic feet</u> )	<u>+ ROOFING MATERIAL</u>						
<b>VIII. Scheduled Dates Demolition or Renovation:</b> Start: Complete:							
<b>IX. Dates for Asbestos Removal (MM/DD/YY)</b> Start: <u>2/24/22</u> Complete: <u>?</u>							
Days of the Week:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours of Operation:	<u>0800-1600</u>	<u>0800-1600</u>	<u>0800-1600</u>	<u>0800-1600</u>	<u>0800-1600</u>		
Complete all unshaded spaces, except demolitions which involve less than 260 linear feet, 160 square feet, or 35 cubic feet of RACM, need not complete spaces VII, XI, XII, XIII, XIV, and XV. Notifications for Emergency Demolition or Emergency Renovation must supply attachments.							

NOTIFICATION OF DEMOLITION AND RENOVATION

<b>X.</b>	<b>Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:</b> Wet method, no visible emissions as per NESHAP regulation.
<b>XI.</b>	<b>Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:</b> Manual methods in accordance with NESHAP regulations, including negative pressure containment where regulated ACM's are present. All ACM's will be wetted prior to removal and placed in double layered 6-mil. poly bags, labeled in accordance with regulations. Sealed bags will be transported within an enclosed trailer to the Simco Road Regional landfill for disposal.
<b>XII.</b>	<b>Waste Transporter #1</b> Name: Hipwell Trucking LLC Address: PO Box 472 City: Grand View State: Idaho Zip Code: 83624 Contact: Telephone: 208 Fax: <b>Waste Transporter #2</b> Name: Address: City: State: Zip Code: Contact: Telephone: Fax:
<b>XIII.</b>	<b>Waste Disposal</b> Name: US Ecology Grand View Site 1 Address: 20400 Lemley Rd City: Grand View State: Idaho Zip Code: 83624 Contact: Austin Crone Telephone: 208 834 2275 Fax: 208
<b>XIV.</b>	<b>Emergency Demolition</b> (complete Item XIV and all other sections, only if this project is an Emergency Demo.) 1. Attach a copy of the Order to this notice. 2. Name of Authority Issuing Order: Title: 3. Authority of Order (Citation of Code): 4. Date of Order (MM/DD/YY): Date Ordered to Begin
<b>XV.</b>	<b>Emergency Renovation</b> (Attach separate sheet with the following information if project is Emergency Demo.) 1. Date and Hour of the Emergency: 2. Description of the Sudden, Unexpected Event: 3. Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.
<b>XVI.</b>	<b>Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes crumbled, pulverized or reduced to powder.</b> *****As Per NESHAP*****
<b>XVII.</b>	<b>I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on-site during the Demolition or Renovation and evidence that the required training has been accomplished by this person will be available during normal business hours.</b>  <u>2/8/22</u> <u>MIKE ROSS OPS. MANAGER</u> Signature of Owner/Operator Date Type or Print Name and Title
<b>XVIII.</b>	<b>I acknowledge the existence of laws prohibiting the submission of false or misleading statements and I certify that facts contained in this notification are true, accurate, and complete.</b>  <u>2/8/22</u> <u>Jens Schkade</u> Signature of Owner/Operator Date Type or Print Name and Title
Original Notification must be mailed or hand delivered at least ten working days (Monday-Friday excluding weekends) before demolition or renovation begins, except emergency demolitions and emergency renovations (see regulation) which must be submitted as soon as possible before operations begin. (Form Revised 3/24/99)	